

**Special Care Oral Health
Services:**
A North Carolina Commitment
Report of The Special Care Dentistry Advisory Group

Presented to
The North Carolina Study Commission on Aging

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Directed the NC DHHS, Division of Public Health, in collaboration with the Division of Medical Assistance, the Division of Aging and Adult Services, the UNC-CH and the ECU Schools of Dentistry, the NC Dental Society and providers of special care dentistry services, to examine the current dental care options for populations requiring special care dentistry and provide suggestions for ways to improve the availability of services to those needing such dental services.

Thank You Study Commission!

- Program Expansion into Triangle
- Recommendations Study
- Legislative Awareness
- Networking with NC Council on Developmental Disabilities, Senior Tarheel Legislature, Division of Aging and Adult Services and Division of Public Health-Oral Health Section

Meet the Special Care Family

- Persons with intellectual or developmental disabilities
- The frail elderly
- Those with multiple complex medical diagnoses
- All ages
- Variety of settings
- Includes their care takers

The Most Vulnerable Population in North
Carolina

~450,000



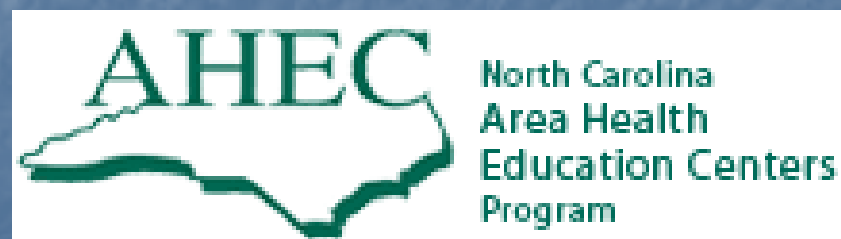




North Carolina Council on Developmental Disabilities

Promoting Full Lives in the Community Through . . .

Leadership and Advocacy - Changing Policy/Changing Practice - Building Inclusive Communities



Arc of High Point

Why Are They Here?

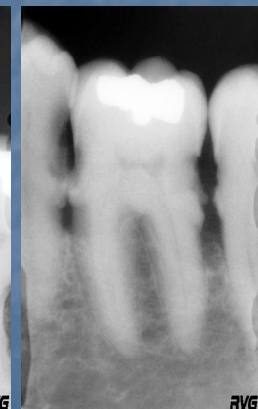
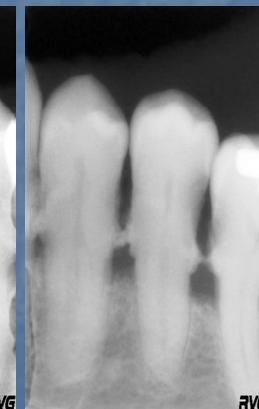
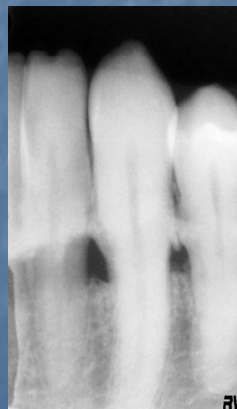
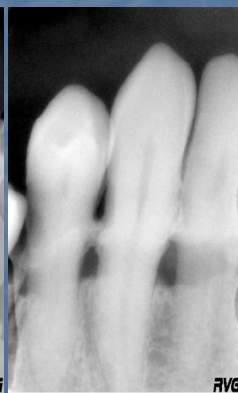
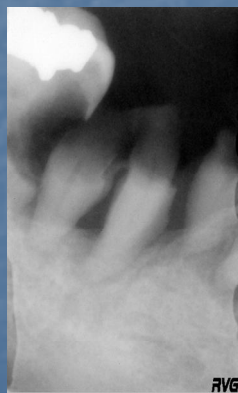
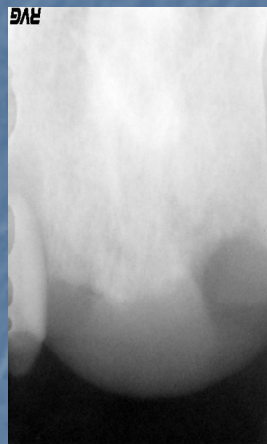
1. Are asking for the same dental services that each of us can access everyday.
2. Know that oral health affects their overall general health.
3. Know that they can't find care.
4. Know that they are difficult to treat.



Costly Systemic Issues

1. Physical – Pain/Infection, Heart Disease, Aspiration Pneumonia, Diabetes
2. Access to Care – Limited Services, Transportation, Building Access; Under-treatment; Financial Dependency

This is What Happens When You Don't Receive Dental Care.



Recommendations Requiring Funding

- Statewide coordinator of services (#1)
- Care coordination (#5)
- Educational programs for dental personnel (#7)
- Division of Medical Assistance "Facility Code" reimbursement (#11)
- Fund 4 additional mobile programs (#14)
- Expand dental programs at state psychiatric hospitals, developmental and neuro-medical centers (#15)

Recommendation #1

- *Create a dental program position that is responsible for implementing the recommendations in this report*
 - A person with dental expertise, located in the Division of Public Health, Division of Aging or Council on Developmental Disabilities would provide long-term program leadership and would work to improve the oral health of North Carolinians with special health care needs

Recommendation #5

- *Expand the successful existing care coordination services provided by the Community Care of North Carolina/Carolina ACCESS (CCNC/CA) network to ensure oral health services for Medicaid patients with special needs.*

Recommendation #7

- *UNC-CH & ECU Schools of Dentistry, AHEC and Community Colleges that offer dental continuing education should intensify CE efforts for providers interested in treating patients with special needs, but lack the necessary training. Training should include principles of Universal Design.*

Recommendation #11

- *The Division of Medical Assistance should explore revising the policy limits on the facility code (CDT code 9410) to allow providers to bill for each patient seen on a given day in a nursing home, group home or other long-term care facility.*

Recommendation #14

- *Fund 4 additional mobile dental program to provide care for residents in long-term care facilities.*
 - *Phase in, 1 per year*

Recommendation #15

- *Maintain and expand existing dental departments in psychiatric hospitals and developmental and neuro-medical centers that provide care to NC's most vulnerable populations.*

Recommendations Not Requiring Funding

- Enhance daily oral health care in skilled nursing facilities (#2)
- Dentist representative on Commission on Children with Special Health Care Needs (#3)

Recommendation #2

- *Partner with DHHS Division of Health Service Regulation to ensure that oral health service standards in nursing homes and other residential facilities are carried out. Enhance dental care services to residents, such as increasing staff devoted to daily oral care and expanding training of direct care personnel.*

Recommendation #3

- *Dentist representative on Commission on Children with Special Health Care Needs.*
 - NC Commission on Children with Special Health Care Needs is an 8 member Governor appointed Commission. Commission monitors and evaluates the availability and provision of health services.

Thank You

- North Carolina Study Commission on Aging and staff
- Oral Health Section, NC Department of Health and Human Services
- Study group participants
- Supportive organizations